

SHUMAKER & SIEFFERT, P.A.

United States Patent Application

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: PASSIVE OPTICAL NETWORK ADDRESS ASSOCIATION RECOVERY

The specification of which

- a. ☐ is attached hereto
 b. ☒ was filed on October 22, 2003 as application serial no. 10/691,166 and was amended on (if applicable) or
 c. ☐ was (in the case of a PCT-filed application) described and claimed in international no. filed and as amended on (if any),
 which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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U.S. APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS
60/421,206	24 October 2002	

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28863

PATENT TRADEMARK OFFICE

Steven J. Shumaker	Reg. No. 36,275	Daniel J. Hanson	Reg. No. 46,757
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Jason D. Kelly	Reg. No. 54,213	Kari H. Bartingale	Reg. No. 35,183
Richard J. Gregson	Reg. No. 41,804		

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Please direct all correspondence in this case to:

SHUMAKER & SIEFFERT, P.A.
8425 Seasons Parkway, Suite 105
St. Paul, Minnesota 55125
Telephone: 651.735.1100
Facsimile: 651.735.1102

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name Of Inventor	Family Name Koch	First Given Name Christopher	Second Given Name D.
Residence & Citizenship	City Minneapolis	State or Foreign Country Minnesota	Country of Citizenship USA
Post Office Address	Post Office Address 5215 Abbott Avenue South	City Minneapolis	State & Zip Code/Country Minnesota 55410/USA
Signature of Inventor: <i>Christopher D. Koch</i>			Date: <i>3-18-04</i>

Full Name Of Inventor	Family Name Butler	First Given Name Duane	Second Given Name M.
Residence & Citizenship	City Anoka	State or Foreign Country Minnesota	Country of Citizenship USA
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Residence & Citizenship	City Lilydale	State or Foreign Country Minnesota	Country of Citizenship USA
Post Office Address	Post Office Address 1013 Sibley Memorial Highway, Apt. 215	City Lilydale	State & Zip Code/Country Minnesota 55118/USA
Signature of Inventor:			Date:

Full Name Of Inventor	Family Name Naegle	First Given Name Bruce	Second Given Name F.
Residence & Citizenship	City Coon Rapids	State or Foreign Country Minnesota	Country of Citizenship USA
Post Office Address	Post Office Address 1740 131 st Lane Northwest	City Coon Rapids	State & Zip Code/Country Minnesota 55448/USA
Signature of Inventor: <i>Bruce F. Naegle</i>			Date: <i>3/17/2004</i>

§ 1.56 Duty to disclose information material to patentability.

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(1) Each inventor named in the application:

(2) Each attorney or agent who prepares or prosecutes the application; and

(3) Every other person who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application.

(d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.

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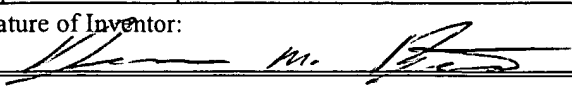
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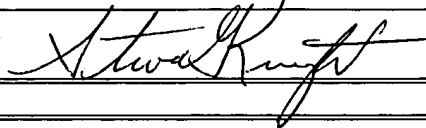
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